## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 425959** 

Entity Name: BABY LOVE, INC.

## **FILED** Apr 28, 2009 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

8100 W OAKLAND PK BLVD 6931 NW 88TH AVENUE SUNRISE, FL 33351 TAMARAC, FL 33321

**Current Mailing Address: New Mailing Address:** 

8100 W OAKLAND PK BLVD 6931 NW 88TH AVENUE SUNRISE, FL 33351 TAMARAC, FL 33321 US

FEI Number: 59-1460470 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

KOMROFF, PETER KOMROFF, PETER 8100 W OAKLAND PK BLVD 6931 NW 88TH AVENUE SUNRISE, FL 33351 TAMARAC, FL 33321

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETER KOMROFF 04/28/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition KOMROFF, PETER KOMROFF, PETER

Name: Name: 11015 NW 64 DR 11015 NW 64 DR Address: Address: POMPANO BEACH, FL 33076 City-St-Zip: City-St-Zip: PARKLAND, FL 33076

Title: SD Title: SD () Delete (X) Change ( ) Addition KOMROFF, BARBARA KOMROFF, BARBARA Name: Name:

11015NW 64 DR 11015NW 64 DR Address: Address: POMPANO BEACH, FL 33076 PARKLAND, FL 33076 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition VPD () Delete **VPD** 

KOMROFF, ELLIOT KOMROFF, ELLIOT Name: Name: 5424 NW 121ST AVE 5424 NW 121ST AVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33076 City-St-Zip: CORAL SPRINGS, FL 33076

Title: **VPD** () Delete Title: () Change () Addition

KOMROFF, LAWRENCE Name: Address: 3321 NW 101ST AVE Address: City-St-Zip: POMPANO BEACH, FL 33065 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER KOMROFF **PRES** 04/28/2009